APPLICATION FOR LAND DISTURBING PERMIT

may need a permit from the GA. EPD. Please call the Brunswick Office at 912-264-7284 for further information		DATE OF APPLICATION PERMIT EFFECTIVE DATE					
						PERMIT EXPIRES	
				APPLICANT			
	Name)	(Business Phone)					
(Address)							
LANDOWNER							
(Fu	ıli Name)	(Business Phone)					
(Address)							
PLAN PREPARED	ВҮ		•				
			<u> </u>				
PRUJECT	and Description)	·	···········				
•							
LOCATION	·						
TAX MAP	PARCEL	AREA =	SQ. FT/ACRES				
T.	. hereb	y certify that I fully understa	nd the provisions of th				
Richmond Hill Eresponsibility for	rosion and Sediment (Control Ordinance and Prog sion and Sediment Control P.	ram, and that I accept				
personnel of the (e right-of-entry onto City of Richmond Hill the aforesaid Ordinan	this property, as described al for the purpose of inspecting ce.	bove, to the designated g and monitoring for				
APPROVED BY:							
		DATE					
(Local Program A	Administrator)						
		DATE					
(Other Official)							